

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/572940

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	2			1		
5	2			1		
6	2			1		
7	①			1		
8	①			1		
9	①			1		
10	①			1		
11	①			1		
12	①			1		
13	①			1		
14	①			1		
15	①			1		
16	①			1		
17	①			1		
18	①			1		
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23	①			1		
24	①			1		
25	①			1		
26	①			1		
27	①			1		
28	①			1		
29	①			1		
30	①			1		
31	①			1		
32	⑧			1		
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49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	35	←	31	←		←
TOTAL CLAIMS	36		32			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		↓				↓
TOTAL CLAIMS						